

INSTRUCTIONS: APPLYING FOR A CONCEALED WEAPONS LICENSE

The Bureau of Criminal Investigation (BCI) is prohibited by law from providing information about the status of a concealed weapon license, **even** to the applicant. **PLEASE DO NOT CALL WITH THESE INQUIRIES.** For information on completing the application form, testing, instructors, renewal and more, go to the Concealed Weapon License pages at www.ag.nd.gov or call toll free 1-855-562-4946.

AGE: Applicant must be at least age 21 to apply for a Class 1 license, or at least age 18 to apply for a Class 2 license.

APPLICATIONS: Application forms must be fully completed, **signed & dated in two places** and have all required documentation. Your responses must disclose all offenses, even if charges were dismissed. Incomplete/unsigned applications cannot be processed. Applications submitted to BCI must be postmarked **within 30 days** of completing testing. List your permanent physical residence address (not PO Box) and mailing address (if different).

APPLICATION FEE: A non-refundable application processing fee of **\$60.00 payable to ND Attorney General** must be included with the application form.

PAYMENT OPTIONS: Certified check or money order **only**. No cash/personal checks. No joint payments. Applicant's name must appear or be written on the certified check/money order.

CONCEALED WEAPONS LICENSE TESTING: **ALL new** applicants must complete the open-book test. In addition, applicants for a **Class 1 license** must (1) attend classroom instruction, (2) demonstrate familiarity with the firearm, **AND** (3) successfully complete the proficiency (shooting) test. All classroom instruction and testing must be completed within the State of North Dakota and cannot be held in conjunction with instruction or testing for any other state. No additional testing is required of currently licensed ND law enforcement officers. The testing cannot be waived for any other applicant.

TESTING FEES: A test administrator can charge a maximum of \$50.00 (plus applicable range fees). The test administrator must provide to each applicant, at no additional charge, a complete copy of the current Concealed Weapon License Manual (July 2013) for the applicant to keep.

RENEWAL: No additional testing is required to renew a valid Class 2 license. In order to renew a Class 1 license, applicant must repeat **ALL** required testing (see above). An expired license is not valid and cannot be renewed; applicant must start over as a new applicant.

INVALID APPLICATIONS: Invalid applications cannot be processed. An application form is invalid if it is (a) submitted more than 30 days after completion of required testing, (b) a renewal submitted outside the renewal period or after the expiration of an existing license, or (c) an outdated form (issue date prior to 07/2013). Applicant will be required to restart the application process.

PHOTOS: Applicant must remove sunglasses, prescription eyewear, hats, and other headgear. No uniforms. **Passport quality photos only.** Print name on back of photos.

WHAT MUST ACCOMPANY THE APPLICATION:

- ☐ **ALL APPLICANTS:** Attach (1) **Two** passport quality photos; (2) a **copy** of your state-issued driver's license; and (3) the non-refundable application processing fee.

AND

- ☐ **NEW Applicants only:** You also must submit **two fingerprint cards**. Contact your local law enforcement agency or a test administrator. Fingerprints are **not** required for renewal.
- ☐ **NON-ND RESIDENT Applicants only:** Residency is determined by your state-issued license/identification card. If you are a resident of a state that has reciprocity with North Dakota, you must have a valid concealed carry license from your home state and submit a **copy** with your application for a ND license. If your home state does not recognize non-resident licenses or does not have reciprocity with ND, you are not eligible for a ND concealed weapon license. Reciprocity information is available on the Concealed Weapon License page at www.ag.nd.gov.
- ☐ **Any applicant born outside the United States:** You must be a legal resident of the US. If you were born outside the United States or its territories, you must attach a copy of your US-issued Born Abroad birth certificate, or Alien Registration/INS Registration documentation (be sure also to write the registration number on your application form), or a copy of a valid US Passport or Naturalization certificate.

APPLICATION PROCESSING: The BCI accepts applications by mail **ONLY**. Place each application form in a **separate** envelope (**no** joint or bulk submissions). The application review process takes **up to 60 days** from the date the BCI receives a *satisfactorily completed* application that has *all* attachments. The BCI processes applications in the order received. If applicant satisfies the criteria established by law, the license is issued & mailed; if not, applicant receives a denial letter.

TO AVOID DELAYS, DOUBLE-CHECK THE APPLICATION FORM AND ATTACHMENTS BEFORE SUBMITTING TO BCI.



APPLICATION FOR CONCEALED WEAPON LICENSE
OFFICE OF ATTORNEY GENERAL BUREAU OF CRIMINAL INVESTIGATION
SFN 9756 (07/2013) PREVIOUS VERSIONS ARE INVALID – DO NOT USE

I am applying for / renewing a:		I currently have a ND CWL:	
<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ND CWL Number		Expiration :	
PCN (IF APPLICABLE)			
Mail application & attachments to:			
BCI-CWL, PO BOX 1054, BISMARCK, ND 58502			
Applications accepted only by mail.			

FOR OFFICIAL USE ONLY		
ND COURT	NO / YES	RECEIPT
CWIS	NO / YES	DATE CHECKED
ND RECORD	NO / YES	CWPTN
NCIC	NO / YES	NICS
III HIT	NO / YES	LICENSE
PRINTS	NO / YES	ISSUED BY

Your application can be processed ONLY if it is properly completed, signed, dated and has all required attachments: (i) 2-passport quality photographs; (ii) a copy of your current driver's license; (iii) a copy of valid concealed carry license from reciprocal home state (non-ND residents only); (iv) 2-fingerprint cards (new applicants only); (v) documentation of status (applicants born abroad); and (vi) a cashier's check/money order (no personal checks) for \$60.00 payable to ND Attorney General. Every application form must be in a separate envelope with a separate fee.

PRIVACY ACT NOTIFICATION: Your Social Security number is requested to permit the ND BCI to conduct a background investigation pursuant to N.D.C.C § 62.1-04-03 before the issuance of a license to carry a concealed weapon. Disclosure of your SSN is voluntary. However, not providing your SSN will result in delays or denial due to misidentification, or criminal records check requirements of other state, local, or federal agencies.

TO BE COMPLETED BY TEST ADMINISTRATOR: Please remind applicants to sign in BOTH places, and to submit the application within 30 days of the testing date.

TEST ADMINISTRATOR NAME (PRINT CLEARLY)		POST BOARD / TEST ADMINISTRATOR NUMBER	TESTING DATE	LOCATION OF TESTING SITE
WRITTEN TEST:	PASS / FAIL			
PROFICIENCY TEST:	PASS / FAIL <input type="checkbox"/> NOT APPLICABLE	DATE	SIGNATURE OF TEST ADMINISTRATOR (must be an <u>original</u> signature – NO stamps)	

NOTE: If we can't read it, we have to return it – so please write legibly. PRINT and use blue or black ink; NO pencil.

APPLICANT		I AM A U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO – MY ALIEN REGISTRATION / INS REGISTRATION NUMBER IS:									
NAME (LAST)		(FIRST)		(MIDDLE)		MAIDEN/PRIOR/OTHER NAMES				NICKNAME/ALIAS	
DATE OF BIRTH		PLACE OF BIRTH (CITY AND STATE/COUNTRY)				SOCIAL SECURITY NUMBER (SSN)				DAYTIME TELEPHONE NUMBER	
SEX	RACE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DRIVER'S LICENSE/ID NO.		EXPIRATION DATE	STATE		
RESIDENCE STREET ADDRESS (NOT PO BOX)				CITY		COUNTY			STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)				CITY		COUNTY			STATE	ZIP CODE	
PRIOR ADDRESS(ES) FOR THE PAST FIVE YEARS. ATTACH ADDITIONAL SHEET IF MORE THAN THREE PRIOR ADDRESSES											
STREET AND NUMBER				UNIT NUMBER		CITY			STATE/ZIP		
NEW APPLICANTS: CIRCLE ALL STATES IN WHICH YOU HAVE LIVED AS AN ADULT (18 YRS. OR OLDER). RENEWAL APPLICANTS: CIRCLE ALL STATES IN WHICH YOU HAVE LIVED DURING THE PAST FIVE YEARS. WRITE FOREIGN COUNTRY(IES) below:						AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY					
PRESENT EMPLOYER		EMPLOYER'S ADDRESS				CITY		STATE		ZIP CODE	
PRESENT EMPLOYER'S TELEPHONE NUMBER		YOUR CURRENT OCCUPATION/JOB TITLE				RETIRED		<input type="checkbox"/>		UNEMPLOYED <input type="checkbox"/>	

ALL APPLICANTS: ANSWER EVERY QUESTION BELOW. If you answer YES, provide additional information on the form OR attach a separate page explaining your answer (write your name on the top). **FAILURE TO DISCLOSE INFORMATION WILL RESULT IN DENIAL OF YOUR APPLICATION.**

1. Are you currently employed in a LAW ENFORCEMENT CAPACITY in a federal, state or local criminal justice agency, correctional center or the US Armed Forces?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2. Have you ever RENOUNCED YOUR UNITED STATES CITIZENSHIP ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
3. Are you a FUGITIVE FROM JUSTICE ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
4. Is there CURRENTLY a PROTECTION/ RESTRAINING ORDER against you?	<input type="checkbox"/> NO	<input type="checkbox"/> YES- WHERE & EXPIRATION DATE?
5. Has a PROTECTION or RESTRAINING ORDER EVER been issued against you?	<input type="checkbox"/> NO	<input type="checkbox"/> YES- WHERE & EXPIRATION DATE?
6. Do you possess any FEDERAL FIREARM LICENSES OR PERMITS ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – TYPE?
7. Have you ever had your RIGHT TO POSSESS/CARRY A FIREARM RESTORED?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - BY WHICH STATE & WHEN?
8. Have you ever been discharged from the Armed Forces under LESS THAN "HONORABLE" conditions?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – PROVIDE BRANCH, DISCHARGE TYPE & DATE
9. Has the FBI NICS Section issued you a VOLUNTARY APPEAL FILE UPIN NUMBER ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES –ATTACH COPY OF FBI DOCUMENTATION /UPIN #
10. Are you an UNLAWFUL USER OF, OR ADDICTED TO, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
11. At ANY TIME IN YOUR LIFE , have you been convicted of a FELONY offense?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
12. AT ANY TIME IN YOUR LIFE , have you ever been CHARGED with, ARRESTED for, or CONVICTED of a crime involving SUBSTANCE ABUSE , even if the charges were later dismissed? (E.g.: Possession, or paraphernalia etc.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
13. AT ANY TIME IN YOUR LIFE , have you been CHARGED WITH or CONVICTED OF a crime involving VIOLENCE (not including offenses related to domestic violence)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
14. AS AN ADULT , have you been CHARGED WITH or CONVICTED OF a crime involving DOMESTIC VIOLENCE ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
15. AS AN ADULT , have you been CHARGED WITH, ARRESTED FOR, OR CONVICTED OF A CRIMINAL OFFENSE ? (NOTE: this does not include minor traffic violations but DOES include any offense for which you received a deferred sentence that was later dismissed.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
16. IN THE LAST TEN YEARS have you been CONVICTED of a misdemeanor offense involving marijuana, any depressant, stimulant, narcotic drug or other controlled substance? (This includes charges involving paraphernalia.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
17. IN THE LAST TEN YEARS , have you been CHARGED WITH or CONVICTED OF any offense involving the use of ALCOHOL , EVEN IF THE CHARGES WERE LATER DISMISSED ? (E.g.: DUI, open container, public intoxication, MIP, MIC, etc.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES – EXPLAIN
18. HAVE YOU EVER BEEN ADJUDICATED MENTALLY INCOMPETENT (which includes a determination by a court, board, commission or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs) OR BEEN COMMITTED TO A TREATMENT FACILITY AS A PERSON REQUIRING TREATMENT ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - PRINT THE FACILITY NAME AND CITY/STATE
ALL APPLICANTS: You must sign & date this section or your application will be returned.		DATE:
I authorize the BCI to make inquiry into my military, police, or medical history, and to obtain copies of records if necessary for determining eligibility for a Concealed Weapons License. I certify that the answers given above are true and correct. I understand that making any false or misleading answer will result in denial of my application and may result in criminal prosecution.		SIGNATURE OF APPLICANT

ALL APPLICANTS - COMPLETE THE FOLLOWING AUTHORIZATION. If this section is not completed, the application will be returned.

AUTHORIZATION TO RELEASE MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT INFORMATION.		DATE	
I specifically authorize the ND State Hospital & _____ to release to the Bureau of Criminal Investigation			
LEAVE BLANK OR PRINT THE NAME OF THE TREATMENT FACILITY			
(BCI) any mental health and drug/alcohol treatment records, including any evaluations and expert examination reports, social history/admission/discharge summary, mental health and psychiatric records, for BCI to determine eligibility for a Concealed Weapons License. I SPECIFICALLY AUTHORIZE THE RELEASE OF MENTAL HEALTH AND DRUG/ ALCOHOL TREATMENT RECORDS. I understand this authorization is voluntary, and my healthcare providers and health care plan cannot condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. This authorization remains in effect for five years from the date hereof unless specifically revoked by written notice to BCI or the treatment providers identified above. (Refer to your treatment provider's notice of privacy practices for further information on your revocation rights.) Information disclosed pursuant to this authorization is no longer protected by HIPAA and may be re-disclosed by BCI in accordance with N.D.C.C. § 62.1-04-03(9) and as allowed or required by federal law. Information may be disclosed to BCI in any form, including orally or electronically.			
_____ APPLICANT NAME (PRINT CLEARLY)	_____ SOCIAL SECURITY NUMBER	_____ DATE OF BIRTH	_____ SIGNATURE OF APPLICANT

